

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003855

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

312

FILED JAN 19 1962

1. PLACE OF DEATH

a. COUNTY St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
4 hrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Anthony's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. - If institution: Residence before admission)

a. STATE Mo

b. COUNTY St. Louis

c. CITY
OR
TOWN St. Louis, Jefferson BksInside Limits
Yes ☒ No ☐d. STREET
ADDRESS Veterans Hospital J. B.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First William

Middle Patrick

Last Hamilton

4. DATE
OF
DEATH

Month January

Day 6

Year 1962

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-1-19069. AGE (last birthday)
55IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Doctor of Medicine10b. KIND OF BUSINESS OR INDUSTRY
---11. BIRTHPLACE (City and state or country)
Livingston Montana12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William P. Hamilton

13b. MOTHER'S MAIDEN NAME

May Russell

14. NAME OF HUSBAND OR WIFE

Mary M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Hamilton VA Hospital

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Bronchiolitis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

DUE TO (b)

Acute Tracheobronchitis

3 days

DUE TO (c)

500 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Myocardial Infarction due to arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 6 1962, to Jan 6 1962 and last saw him alive on 1-6-62
Death occurred at 2:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond Martin, M.D.

22b. ADDRESS

5203 Chryseis St.

22c. DATE SIGNED

1-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan 9 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

William R. Donnelly, 3840 Lindell

25. DATE RECD. BY LOCAL REG.

JAN 8 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

14000 On. 3-2356
Office 7C 2-60017

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No. 3565
P. O. Address 3840 Lind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.